

May 6, 2008

Medicare Services Not Covered by TennCare for Adults age 21 and over

Note: Services listed as “cost effective alternatives” for TennCare are NOT covered services under TennCare. MCOs may choose to pay for these services depending upon the situation, but they are NOT covered services. See TennCare Rules 1200-13-13-.10(2) and 1200-13-14-.10(2).

Medicare Part A Services

Service and Medicare Coverage Situations	Reference Documenting that the Service is Never Covered by TennCare
Personal care services ¹	Rule 1200-13-13-.01(81) Rule 1200-13-14-.01(81)
Rehabilitation hospital services ²	Rule 1200-13-13-.10(3)(a)14 Rule 1200-13-14-.10(3)(a)14

¹ <http://www.cms.hhs.gov/manuals/Downloads/bp102c09.pdf>

² <http://www.cms.hhs.gov/manuals/Downloads/bp102c01.pdf>

Medicare Part B Services

Service and Medicare Coverage Situations	Reference Documenting that the Service is Never Covered by TennCare
Biofeedback therapy—Medicare covers this in general for reeducation of certain muscle groups and Medicare also covers biofeedback therapy for urinary incontinence under certain limited circumstances. ⁱ	1200-13-13-.10(3)(b)8 1200-13-14-.10(3)(b)8
Chiropractors ⁱⁱ	Rule 1200-13-13-.10(3)(a)6 Rule 1200-13-14-.10(3)(a)6
Health care outside the U.S.—Medicare covers this under certain limited circumstances. ⁱⁱⁱ	Rule 1200-13-13-.10(1)(e) Rule 1200-13-14-.10(1)(e)
Impotence—diagnostic testing may be covered by Medicare under limited circumstances ^{iv}	Rule 1200-13-13-.10(3)(b)39 Rule 1200-13-14-.10(3)(b)39
Infertility services—Medicare covers this when reasonable and necessary. ^v	Rule 1200-13-13-.10(3)(b)39 Rule 1200-13-14-.10(3)(b)39
Methadone clinic services ^{vi}	Rule 1200-13-13-.10(3)(a)16 Rule 1200-13-14-.10(3)(a)16
<i>Certain DME items, including:</i>	
Air fluidized bed (a type of bead bed) and bead beds—Medicare’s coverage is limited to the equipment itself. ^{vii}	1200-13-13-.10(3)(a)4(i) 1200-13-14-.10(3)(a)4(i)
Augmentative communication devices, referred to by CMS as “speech generating devices”—covered by Medicare if certain conditions are met. ^{viii}	Rule 1200-13-13-.10(3)(a)3. Rule 1200-13-14-.10(3)(a)3.
Gel mattress (falls under “alternating pressure pads/mattresses”) ^{ix}	Rule 1200-13-13-10(3)(a)(i) Rule 1200-13-14-10(3)(a)(i)
Heat lamps ^x	Rule 1200-13-13-.10(3)(b)40(i) Rule 1200-13-14-.10(3)(b)40(i)
Heating pads ^{xi}	Rule 1200-13-13-.10(3)(a)7(iv) Rule 1200-13-14-.10(3)(a)7(iv)
Lamb’s wool pads ^{xii} —Medicare covers these under certain conditions.	Rule 1200-13-13-.10(3)(a)7.(vi) Rule 1200-13-14-.10(3)(a)7.(vi)
<u>Portable</u> paraffin baths ^{xiii}	Rule 1200-13-13-.10(3)(b)5(i) Rule 1200-13-14-.10(3)(b)5(i)
Seat lifts ^{xiv}	Rule 1200-13-13-.10(3)(b)41 Rule 1200-13-14-.10(3)(b)41
Roll-about chairs ^{xv} —covered by Medicare if patient meets Mobility Assistive Equipment clinical criteria. Coverage limited to certain chairs.	Rule 1200-13-13-.10(3)(b)32(xiii) Rule 1200-13-14-.10(3)(b)32(xiii)
Scooters ^{xvi}	Rule 1200-13-13-.10(b)85(i) Rule 1200-13-14-.10(b)85(i)
Sitz baths ^{xvii}	Rule 1200-13-13-.10(3)(a)5 Rule 1200-13-14-.10(3)(a)5
Steam packs ^{xviii}	Rule 1200-13-13-.10(3)(a)7(vii) Rule 1200-13-14-.10(3)(a)7(vii)
Vaporizers ^{xix}	Rule 1200-13-13.10(3)(b)10(iii) Rule 1200-13-14.10(3)(b)10(iii)
Whirlpool bath equipment, covered by Medicare with limitations. ^{xx}	Rule 1200-13-13-.10(3)(b)(86)(8)(viii) Rule 1200-13-14-.10(3)(b)(86)(8)(viii)

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NOTE: *There are some differences in Medicare's and TennCare's coverage of parenteral and enteral nutrition.* (See below.) In order to simplify processing of crossover claims and avoid the delays that could occur while the circumstances of a particular coverage decision are researched, we recommend that TennCare continue to pay crossovers on claims for parenteral and enteral nutrition.

Medicare covers this service when it is provided under the prosthetic device benefit provision that requires that the patient have a permanently inoperable body organ or function thereof. TennCare does not cover this service for persons 21 years of age and older except that parenteral nutrition formulas, enteral nutrition formulas for tube feedings, and phenylalanine-free formulas (not foods) used to treat PKU, as required to T.C.A. §56-7-2505, are covered for adults. In addition, oral liquid nutrition may be covered when medically necessary for adults with swallowing or breathing disorders who are severely underweight (BMI<15 kg/m²) and physically incapable of otherwise consuming a sufficient intake of food to meet basic nutritional requirements. Rule 1200-13-13-.10(3)(a)11; Rule 1200-13-14-.10(3)(a)11.

ENDNOTES

ⁱ http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part1.pdf

ⁱⁱ <http://www.cms.hhs.gov/manuals/downloads/ge101c05.pdf>

ⁱⁱⁱ <http://www.cms.hhs.gov/transmittals/downloads/R66BP.pdf>

^{iv} <http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf>

^v <http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf>

^{vi} http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part2.pdf

^{vii} http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4TXT.pdf

^{viii} http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part1.pdf

^{ix} http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4.pdf

^x http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4.pdf

^{xi} http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4TXT.pdf

^{xii} http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4.pdf

^{xiii} http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4TXT.pdf

^{xiv} http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4TXT.pdf

^{xv} http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4TXT.pdf

^{xvi} http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4TXT.pdf

^{xvii} http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4TXT.pdf

^{xviii} http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4TXT.pdf

^{xix} http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4TXT.pdf

^{xx} http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4TXT.pdf